



Box 330  
 9904 Dudley Drive  
 Hudson's Hope BC V0C 1V0  
 Telephone 250-783-9901  
 Fax: 250-783-5741

## EMPLOYMENT APPLICATION

SURNAME	FIRST NAME	MIDDLE	
ADDRESS	CITY	PROV	POSTAL CODE
TELEPHONE		Home	
		Cell	

**Are you legally authorized to work in Canada?** \_\_\_\_ Yes \_\_\_\_ No

*If no, and you are selected for employment, you will be required to submit proof of work authorization issued by Canada Employment and Immigration*

**Do you have any disability or health condition which may interfere with your ability to perform the duties of the position applied for?** \_\_\_\_ Yes \_\_\_\_ No

Please specify:

### EDUCATION & TRAINING (if attaching resume, do not complete this section)

	Name/Location	Dates Attended	Course/Major	Grade/Degree/Diploma
Secondary/High School				
Technical/Business				
University				
Other				

### EMPLOYMENT HISTORY (if attaching resume, do not complete this section)

<b>1.</b>	EMPLOYER AND LOCATION:	FROM:	TO:
SUPERVISOR'S NAME:		PHONE NUMBER:	
POSITION:		REASON FOR LEAVING:	
MAJOR DUTIES:			

<b>2.</b>	EMPLOYER AND LOCATION:	FROM:	TO:
SUPERVISOR'S NAME:		PHONE NUMBER:	
POSITION:		REASON FOR LEAVING:	
MAJOR DUTIES:			
<b>3.</b>	EMPLOYER AND LOCATION:	FROM:	TO:
SUPERVISOR'S NAME:		PHONE NUMBER:	
POSITION:		REASON FOR LEAVING:	
MAJOR DUTIES:			

### SKILLS

Provide the following information if relevant to the position you are applying for:

Typing: \_\_\_\_\_ WPM      Computer system software: \_\_\_\_\_

List class of valid BC driver's license: \_\_\_\_\_ Air brake endorsement \_\_\_\_ Yes \_\_\_\_ No

Types of equipment or machinery operated: \_\_\_\_\_

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### Read Carefully Before Signing

In the event of a grievance relating to a job competition in which I participated, I consent to the release of information contained in this application and the competition results for any purpose related to the grievance.

I certify the information provided on this application or attachments/resume is true and complete and hereby authorize The District of Hudson's Hope to contact any references or employers listed above to verify the information submitted, unless otherwise indicated. I understand that if any information in this application or attachments/resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event I am the successful applicant.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information is collected for the administrative and/or operational functions of the District of Hudson's Hope as authorized by the Local Government Act. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the above please contact Carolyn Bonnick at (250) 783-9901.*